

REIMBURSEMENT REQUEST FOR ADOPTION EXPENSES*(Please read Privacy Act Statement and Application Processing Instructions on page 3 before completing this form.)***SECTION I - MEMBER INFORMATION**

1. NAME OF MEMBER <i>(Last, First, Middle Initial) (Print or Type)</i>				2. SSN				
3. MARITAL STATUS <i>(Check one)</i>		<input type="checkbox"/> a. SINGLE		<input type="checkbox"/> b. MARRIED		<input type="checkbox"/> c. DIVORCED		
4. PAY GRADE		5. EXPIRATION OF SERVICE DATE <i>(YYYYMMDD)</i>		6. HOME TELEPHONE NO.		7. WORK TELEPHONE NO.		
8. MEMBER'S BRANCH OF SERVICE <i>(Must be in active duty status with 180 days of continuous service)</i>								
<input type="checkbox"/> a. AIR FORCE		<input type="checkbox"/> b. ARMY		<input type="checkbox"/> c. MARINE CORPS		<input type="checkbox"/> d. NAVY		
9. DELIVERY ADDRESS <i>(Include 9-digit ZIP Code and Apartment number, if applicable)</i>				10. STATE OF LEGAL RESIDENCE				
				11. ANY PREVIOUS REIMBURSEMENT CLAIMED FROM DOD IN CURRENT CALENDAR YEAR <i>(Check one)</i>			<input type="checkbox"/> YES	
							<input type="checkbox"/> NO	

SECTION II - SPOUSE INFORMATION

12. IS SPOUSE A MEMBER OF THE ARMED FORCES <i>(Including the U.S. Coast Guard) (Check one)</i>				<input type="checkbox"/> YES		<input type="checkbox"/> NO	
13. IF YES, NAME OF SPOUSE <i>(Last, First, Middle Initial)</i>				14. SSN OF SPOUSE			
15. BRANCH OF SERVICE OF SPOUSE							
<input type="checkbox"/> a. AIR FORCE		<input type="checkbox"/> b. ARMY		<input type="checkbox"/> c. MARINE CORPS		<input type="checkbox"/> d. NAVY	
<input type="checkbox"/> e. COAST GUARD							

SECTION III - ELECTRONIC FUND TRANSFER INFORMATION *(Complete only if requesting payment by EFT. RTN must be provided.)*

16. ROUTING TRANSIT NUMBER		17. ACCOUNT NUMBER		18. ACCOUNT TYPE <i>(Check one)</i>		<input type="checkbox"/> CHECKING	
						<input type="checkbox"/> SAVINGS	
19a. INSTITUTION NAME				19b. MAILING ADDRESS OF INSTITUTE <i>(Include 9-digit ZIP Code)</i>			

SECTION IV - ADOPTION INFORMATION

20. DATE OF HOME STUDY <i>(YYYYMMDD)</i>		21. DATE CHILD PLACED IN HOME <i>(YYYYMMDD)</i>		22. DATE ADOPTION FINALIZED <i>(YYYYMMDD)</i>	
23. NOTES: a. The adoption must have been finalized on or after December 5, 1991, unless you meet exceptions as specified in paragraph D.2. of DOD Instruction 1341.9. b. Adoption expenses by nonactive duty members or members on active duty less than 180 days are not allowable for reimbursement. c. Reimbursement of adoption expenses may be paid only after the adoption is final. Members who leave active duty before the final adoption decree is granted are not entitled to be reimbursed. d. Reimbursement claims must be submitted no later than 365 days after adoption is finalized, unless you meet exceptions as specified in paragraph D.2. of DOD Instruction 1341.9. Failure to do so may result in loss of benefits.					
24. NAME OF ADOPTED CHILD <i>(Last, First, Middle Initial)</i>		a. DATE OF BIRTH <i>(YYYYMMDD)</i>		b. SEX <i>(Check one)</i>	
				<input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	
25. ADOPTION ARRANGED BY <i>(Documentation attached) (Check one)</i>					
<input type="checkbox"/> a. A State or Local Government Agency that has responsibility under state or local law for child placement through adoption.					
<input type="checkbox"/> b. A nonprofit, voluntary adoption agency that is authorized by state or local law to place children for adoption.					

26. EXPENSES INCURRED <i>(Complete as applicable and attach documentation)</i>		
a. Public and private agency fees.	\$	
b. Placement fees, including fees charged adoptive parents for counseling.		
c. Legal fees, including court costs.		
d. Medical expenses, including hospital expenses for the newborn infant, for medical care furnished the adoptive child before the adoption, and for physical examinations of the biological mother of the child to be adopted.		
e. Expenses relating to pregnancy and childbirth for the biological mother, including counseling and maternity costs.		
f. Temporary foster care charges when such care is required before the placement of the child.		
g. Subtotal of expenses listed above <i>(Items 26.a. through 26.f.)</i> .		
h. Amount of reimbursement previously applied for and/or received under any other adoption benefits program administered by the Federal government or under such program administered by a State or Local government.		
i. Total expenses <i>(Subtotal (Item 26.g.) minus any reimbursements in Item 26.h.)</i> .		
SECTION V - ARMED FORCES MEMBER CERTIFICATION		
<p>I certify that the above information and expenses are true and correct to the best of my knowledge. I understand and agree that reimbursement of expenses is limited to \$2,000 per adopted child with maximum reimbursement of \$5,000 in any calendar year to a member, or couple where both spouses are members of the Armed Forces (including the U.S. Coast Guard). I recognize that this benefit is taxable and shall be reported by the Department of Defense as income subject to tax. I agree not to seek further reimbursement under this program for the adoption of this child.</p> <p>I further certify that neither I nor my spouse have received a reimbursement under any other adoption benefit program administered by the Department of Defense. To the best of my knowledge, I am the only active duty member of the Armed Forces or U.S. Coast Guard claiming reimbursement of \$ _____.</p>		
27. MEMBER'S NAME <i>(Last, First, Middle Initial)</i> <i>(Print or Type)</i>	a. MEMBER'S SIGNATURE	b. DATE SIGNED <i>(YYYYMMDD)</i>
SECTION VI - AUTHORIZATION AND CERTIFICATION FOR ADOPTION EXPENSES		
<p>I certify that, based upon information provided and documentation attached, the below named individual is eligible for reimbursement of adoption expenses.</p>		
28. NAME OF ACTIVE DUTY MEMBER <i>(Last, First, Middle Initial)</i>	29. SSN	
30. TITLE OF CERTIFYING OFFICIAL <i>(Commanding Officer or Designee) (Print or Type)</i>		
a. TYPED NAME <i>(Last, First, Middle Initial)</i>	b. DSN	c. COMMERCIAL TELEPHONE
d. SIGNATURE		e. DATE SIGNED <i>(YYYYMMDD)</i>
31. DUTY STATION DELIVERY ADDRESS <i>(APO/FPO Designation and ZIP Code)</i>		

PRIVACY ACT STATEMENT

AUTHORITY: 5 U.S.C. 5701 - 5742, 37 U.S.C. 404-427, P.L. 102 - 190, Section 651, and E.O. 9397.

PRINCIPAL PURPOSE(S): Used for reviewing, approving, accounting and disbursing for adoption reimbursement. The Social Security Number (SSN) is used to maintain a numerical identification system for individual claims and tax reporting purposes.

ROUTINE USE(S): None.

DISCLOSURE: Voluntary; however, failure to furnish information requested may result in total or partial denial of amount claimed.

APPLICATION PROCESSING INSTRUCTIONS

1. The member's Personnel activity will assist in completing the application for reimbursement. The member's DFAS center will provide any additional guidance needed concerning the program.
2. The member will provide documentation supporting agency involvement, any final court papers, and all substantiating receipts with the claim. Submit certified copies of original court or agency documents. Documents will not be returned to the member.
3. If necessary, claim requests and certification forms may be mailed to the Personnel activity. Claim forms may be signed by the member's spouse under a power of attorney, which must be attached.
4. The member must retain copies of all paperwork until the claim is paid or denied.
5. When the reimbursement request with documentation is complete, the member's commanding officer, or designee, will certify as to the validity of the claim by completing the Adoption Expense Certification.
6. The member's Personnel activity will submit the completed claims package by certified mail to: Defense Finance and Accounting Service, Cleveland Center (Code FMC), 1240 East Ninth Street, Cleveland, OH 44199-2059. Phone numbers are as follows: DSN 580-5576 and Commercial (216) 522-5576.
7. If the adoption and expenses are eligible for reimbursement, the Director, DFAS-CL will so certify.
8. DFAS-CL will reimburse by check to the member's delivery address or, if requested, by EFT to the member's EFT account. DFAS-CL will withhold Federal income taxes at 20 percent and State income taxes at 4 percent, if applicable. Upon payment, a letter detailing the reimbursed expenses will be sent to the member. A Form W-2 will be issued and mailed to the member NLT January 31st of the year following the year of payment.
9. If eligibility for reimbursement cannot be determined from the documents provided or claimed expenses are not properly supported by receipts, DFAS-CL will retain the claim and request the necessary information or documentation. This must be submitted within 90 days for the claim to be reconsidered.
10. If the claim is denied, a letter stating denial will be sent to the member's delivery address. The claim will not be returned to the member.